dba (if any)

Address (number and street)

City, State, and ZIP Code

OR

PRINT

## STATE OF HAWAII — DEPARTMENT OF TAXATION FRANCHISE TAY OR

(1127.2001)		PUBLIC SERVICE COM			
2	0 <b>05</b>	INSTALLMENT PAYMENT			
Ва	ised on income for calendar ye				
fis	cal year commencing	, 20			
	Check one:	☐ Public Service Company Tax		Payment Number 2	
Г	Federal Employer I.D. No.	Hawaii Tax I.D. No.		- Symon results	
		w	Estimated tax liability f	or the year\$	
Щ	Name of company				
ĭ	Name of company  dba (if any)  Address (number and street)		Amount of this installm	nent \$	
r or			Amount of any unused credit to be applied	d overpayment \$	
PRIN			4. Amount of this paymer (Line 2 minus line 3.)	nt> \$	
	City, State, and ZIP Code		MAIL THIS VOUCHER TO "HAWAII STATE T	WITH CHECK OR MONEY ORDER PAYABLE AX COLLECTOR."	
	Check box if address changed and	make corrections above.  DUE DATES FOR MONTHLY PAYMI	Write your Federal Employer I.D. Number on your check or money order.  YMENTS:		
		Payment due on or before February 10 on or before the 10th day of the second for fiscal year taxpayers.			
		See Instructions or	n the reverse side.	Form FP-1	
	orm FP-1 EV. 2004)	STATE OF HAWAII — DEPARTMENT FRANCHISE TAX PUBLIC SERVICE COMI	OR PANY TAX	DO NOT WRITE OR STAPLE IN THIS SPACE	
4		INSTALLMENT PAYMENT	VOUCHER		
	sed on income for calendar ye cal year commencing				
	Check one:	☐ Public Service Company Tax		Payment Number 1	
Г	Federal Employer I.D. No.	Hawaii Tax I.D. No.			
		w	Estimated tax liability f	for the year\$	
YPE	Name of company				
$\leq$			2. Amount of this installm	nent \$	

Check box if address changed and make corrections above.

## **DUE DATES FOR MONTHLY PAYMENTS:**

Payment due on or before January 10, 2005, for calendar year taxpayers and on or before the 10th day of the first month after the close of the fiscal year for fiscal year taxpayers.

order.

3. Amount of any unused overpayment

4. Amount of this payment.

credit to be applied.....

(Line 2 minus line 3.).....

TO "HAWAII STATE TAX COLLECTOR."

MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE

Write your Federal Employer I.D. Number on your check or money

\$

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6". If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755".

Quarterly Payment Taxpayers.—Use this form to report and pay the franchise tax in four equal installments under section 241-5, HRS, or the public service company tax in four equal installments under section 239-7, HRS.

#### **GENERAL INSTRUCTIONS**

- 1. Please provide the taxable year for which you are preparing this voucher for in the space provided. (i.e., calendar year 2005, or fiscal year commencing on *month* 1, 2005)
- 2. Check, in the appropriate box, what type of taxpayer you are.
- 3. Enter the name, address, federal employer identification number (FEIN), and the Hawaii tax identification number.
- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 2004 Hawaii tax return to your tax for 2005, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
- 6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail it to the Hawaii Department of Taxation even though line 4 is zero.
- 7. Attach to the voucher a check or money order made payable to the "Hawaii State Tax Collector" in payment of the tax. Include your FEIN on the check or money order. Do not send cash through the mail.
- Detach the voucher at the perforation and mail with the required payment to: HAWAII DEPARTMENT OF TAXATION
   P.O. Box 1530
   Honolulu, HI 96806-1530

## **How to Use the Payment Voucher**

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise or public service company taxes respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

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- 7. Attach to the voucher a check or money order made payable to the "Hawaii State Tax Collector" in payment of the tax. Include your FEIN number on the check or money order. Do not send cash through the mail.
- 8. Detach the voucher at the perforation and mail with the required payment to: HAWAII DEPARTMENT OF TAXATION

Form FP-1 (REV. 2004)

# STATE OF HAWAII — DEPARTMENT OF TAXATION FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX INSTALL MENT PAYMENT VOLICHER

2	0 <b>05</b>		PUBLIC SERVICE COM INSTALLMENT PAYMEN			
		e for calendar y				
tis	cal year comn	nencing	, 20			
	Check one:	☐ Franchise Tax	☐ Public Service Company Tax		P	ayment Number 4
	Federal E	mployer I.D. No.	Hawaii Tax I.D. No.			
			w	Estimated tax liability for the year.		\$
Ⅱ	Name of compa	any				
L				Amount of this installment	·····>	\$
PRINT OR TYPE	dba (if any)			Amount of any unused overpayme credit to be applied	ent ≻	\$
PRIN	Address (number	er and street)		4. Amount of this payment. (Line 2 minus line 3.)		\$
	City, State, and	ZIP Code		MAIL THIS VOUCHER WITH CHE TO "HAWAII STATE TAX COLLE		NEY ORDER PAYABLE
				Write your Federal Employer I.D.		your check or money
L	Check box if address changed and		make corrections above. order.			
			DUE DATES FOR MONTHLY PAYN	ENTS:		
				05, for calendar year taxpayers and on or after the close of the fiscal year for fiscal		
			DUE DATES FOR QUARTERLY PA	YMENTS:		
				005, for calendar year taxpayers and on onth following the close of the fiscal year		
			See Instructions o	n the reverse side.		Form FP-1
	orm FP-1		STATE OF HAWAII — DEPARTMEN	IT OF TAXATION	Γ WRITE OR	STAPLE IN THIS SPACE
(K	EV. 2004)		FRANCHISE TAX			
2	005		PUBLIC SERVICE COM INSTALLMENT PAYMEN			

Based on income for calendar year \_\_\_\_\_, or fiscal year commencing \_\_\_\_\_, 20 \_\_\_\_

	Check one: Franchise Tax	☐ Public Service Company Tax	P	ayment Number 3
	Federal Employer I.D. No.	Hawaii Tax I.D. No.	A. Fatherstead and Patrick Continues	•
PRINT OR TYPE	Name of company	W	Estimated tax liability for the year	\$
	Name of company		2. Amount of this installment	\$
	dba (if any)		Amount of any unused overpayment credit to be applied	\$
	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$
	City, State, and ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MON TO "HAWAII STATE TAX COLLECTOR."	IEY ORDER PAYABLE
Check box if address changed and make corrections above.		Write your Federal Employer I.D. Number on order.	your check or money	

## DUE DATES FOR MONTHLY PAYMENTS:

Payment due on or before March 10, 2005, for calendar year taxpayers and on or before the 10th day of the third month after the close of the fiscal year for fiscal year taxpayers.

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6". If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755".

Quarterly Payment Taxpayers.—Use this form to report and pay the franchise tax in four equal installments under section 241-5, HRS, or the public service company tax in four equal installments under section 239-7, HRS.

#### **GENERAL INSTRUCTIONS**

- 1. Please provide the taxable year for which you are preparing this voucher for in the space provided. (i.e., calendar year 2005, or fiscal year commencing on *month* 1, 2005)
- 2. Check, in the appropriate box, what type of taxpayer you are.
- 3. Enter the name, address, federal employer identification number (FEIN), and the Hawaii tax identification number.
- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 2004 Hawaii tax return to your tax for 2005, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
- 6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail it to the Hawaii Department of Taxation even though line 4 is zero.
- 7. Attach to the voucher a check or money order made payable to the "Hawaii State Tax Collector" in payment of the tax. Include your FEIN on the check or money order. Do not send cash through the mail.
- Detach the voucher at the perforation and mail with the required payment to: HAWAII DEPARTMENT OF TAXATION
   P.O. Box 1530
   Honolulu, HI 96806-1530

## **How to Use the Payment Voucher**

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise or public service company taxes respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

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- 1. Please provide the taxable year for which you are preparing this voucher for in the space provided. (i.e., calendar year 2005, or fiscal year commencing on *month* 1, 2005)
- 2. Check, in the appropriate box, what type of taxpayer you are.
- 3. Enter the name, address, federal employer identification number (FEIN), and the Hawaii tax identification number.
- 4. Enter on line 1, your total estimated tax liability for the year.
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- 8. Detach the voucher at the perforation and mail with the required payment to: HAWAII DEPARTMENT OF TAXATION

# STATE OF HAWAII — DEPARTMENT OF TAXATION FRANCHISE TAX OR R

(IXL V. 2004)	FRANCHISE IAA UK
0005	PUBLIC SERVICE COMPANY TAX
<b>2005</b>	INSTALLMENT PAYMENT VOUCHE
Danad on Income for a	alandan yaan an

	sed on income for calendar ye cal year commencing	ar, or . 20			
13			_		
	Check one:  Franchise Tax	☐ Public Service Company Tax	F	ayment Number 6	
	Federal Employer I.D. No.	Hawaii Tax I.D. No.	Estimated tax liability for the year	\$	
7	Name of company	W		<u> </u>	
_	ally a ('f a a a )		Amount of this installment	\$	
9 2	dba (if any)		Amount of any unused overpayment credit to be applied	\$	
Z Z	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$	
City, State, and ZIP Code			MAIL THIS VOUCHER WITH CHECK OR MON TO "HAWAII STATE TAX COLLECTOR."	IEY ORDER PAYABLE	
	7		Write your Federal Employer I.D. Number on	vour check or money	
	Check box if address changed and	make corrections above.	order.	,	
		DUE DATES FOR MONTHLY PAYM	ENTS:		
			005, for calendar year taxpayers and on nth after the close of the fiscal year for		
		DUE DATES FOR QUARTERLY PAY	YMENTS:		
			005, for calendar year taxpayers and on h following the close of the fiscal year for		
		See Instructions of	n the reverse side.	Form FP-1	
	orm FP-1 EV. 2004)	STATE OF HAWAII — DEPARTMEN FRANCHISE TAX PUBLIC SERVICE COM	T OF TAXATION  ( OR  PANY TAX	STAPLE IN THIS SPACE	
~	~ ~ ~	INSTALLMENT PAYMENT	VOUCHER		
	ised on income for calendar ye cal year commencing	ar, or , 20			
13	car year commencing	, 20			
	Check one:	☐ Public Service Company Tax	P	ayment Number 5	
	Federal Employer I.D. No.	Hawaii Tax I.D. No.			
		W	Estimated tax liability for the year	\$	
72	Name of company		Amount of this installment	\$	
Š	dba (if any)		Amount of any unused overpayment credit to be applied	\$	
Z Z	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$	
-	City, State, and ZIP Code		,		
MAIL THI			MAIL THIS VOUCHER WITH CHECK OR MON	IEY ORDER PAYABLE	

## DUE DATES FOR MONTHLY PAYMENTS:

Check box if address changed and make corrections above.

Payment due on or before May 10, 2005, for calendar year taxpayers and on or before the 10th day of the fifth month after the close of the fiscal year for fiscal year taxpayers.

order.

Write your Federal Employer I.D. Number on your check or money

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6". If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755".

Quarterly Payment Taxpayers.—Use this form to report and pay the franchise tax in four equal installments under section 241-5, HRS, or the public service company tax in four equal installments under section 239-7, HRS.

#### **GENERAL INSTRUCTIONS**

- 1. Please provide the taxable year for which you are preparing this voucher for in the space provided. (i.e., calendar year 2005, or fiscal year commencing on *month* 1, 2005)
- 2. Check, in the appropriate box, what type of taxpayer you are.
- 3. Enter the name, address, federal employer identification number (FEIN), and the Hawaii tax identification number.
- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 2004 Hawaii tax return to your tax for 2005, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
- 6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail it to the Hawaii Department of Taxation even though line 4 is zero.
- 7. Attach to the voucher a check or money order made payable to the "Hawaii State Tax Collector" in payment of the tax. Include your FEIN on the check or money order. Do not send cash through the mail.
- Detach the voucher at the perforation and mail with the required payment to: HAWAII DEPARTMENT OF TAXATION
   P.O. Box 1530
   Honolulu, HI 96806-1530

## **How to Use the Payment Voucher**

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise or public service company taxes respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

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- 1. Please provide the taxable year for which you are preparing this voucher for in the space provided. (i.e., calendar year 2005, or fiscal year commencing on *month* 1, 2005)
- 2. Check, in the appropriate box, what type of taxpayer you are.
- 3. Enter the name, address, federal employer identification number (FEIN), and the Hawaii tax identification number.
- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 2004 Hawaii tax return to your tax for 2005, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
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- 8. Detach the voucher at the perforation and mail with the required payment to: HAWAII DEPARTMENT OF TAXATION

Form FP-1 (REV. 2004)

City, State, and ZIP Code

Check box if address changed and make corrections above.

# STATE OF HAWAII — DEPARTMENT OF TAXATION FRANCHISE TAX OR PUBLIC SERVICE COMPANY TAX INSTALL MENT PAYMENT VOLICHER

20 <b>05</b>	PUBLIC SERVICE COM INSTALLMENT PAYMEN		
Based on income for calendar ye			
fiscal year commencing	, 20		
Check one:	☐ Public Service Company Tax		Payment Number 8
Federal Employer I.D. No.	Hawaii Tax I.D. No.		
	w	Estimated tax liability for the year	\$
Name of company		Amount of this installment	> \$
dba (if any)		Amount of any unused overpayment credit to be applied	> \$
dba (if any)  Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	
City, State, and ZIP Code  Check box if address changed and	I make corrections above.	MAIL THIS VOUCHER WITH CHECK O TO "HAWAII STATE TAX COLLECTOR Write your Federal Employer I.D. Num order.	
	DUE DATES FOR MONTHLY PAYN	IENTS.	
		2005, for calendar year taxpayers and on sonth after the close of the fiscal year for	
	See Instructions o	on the reverse side.	Form FP-1
Form FP-1 (REV. 2004)  2005  Based on income for calendar year commencing		IT OF TAXATION K OR PANY TAX	TE OR STAPLE IN THIS SPACE
Check one:	☐ Public Service Company Tax		Dovmont Number
Federal Employer I.D. No.	Hawaii Tax I.D. No.		Payment Number
	w -	Estimated tax liability for the year	\$
Name of company		Amount of this installment	
dba (if any)		Amount of any unused overpayment credit to be applied	
Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	

## **DUE DATES FOR MONTHLY PAYMENTS:**

Payment due on or before July 10, 2005, for calendar year taxpayers and on or before the 10th day of the seventh month after the close of the fiscal year for fiscal year taxpayers.

order.

MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE

Write your Federal Employer I.D. Number on your check or money

TO "HAWAII STATE TAX COLLECTOR."

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

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- 3. Enter the name, address, federal employer identification number (FEIN), and the Hawaii tax identification number.
- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 2004 Hawaii tax return to your tax for 2005, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
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   Honolulu, HI 96806-1530

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### **GENERAL INSTRUCTIONS**

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- 3. Enter the name, address, federal employer identification number (FEIN), and the Hawaii tax identification number.
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- 8. Detach the voucher at the perforation and mail with the required payment to: HAWAII DEPARTMENT OF TAXATION

## STATE OF HAWAII — DEPARTMENT OF TAXATION FRANCHISE TAY OR

_	Check one:	☐ Public Service Company Tax	Pa	yment Number 1	
	Federal Employer I.D. No.	Hawaii Tax I.D. No.	Estimated tax liability for the year	\$	
PRINT OR TYPE	Name of company		Amount of this installment	\$	
r or .	dba (if any)  Address (number and street)		Amount of any unused overpayment credit to be applied	\$	
PRIN			4. Amount of this payment. (Line 2 minus line 3.)	\$	
City, State, and ZIP Code  Check box if address changed and make corrections above.		d make corrections above.	MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR."  Write your Federal Employer I.D. Number on your check or money order.		
		DUE DATES FOR MONTHLY PAY	MENTS:		
			0, 2005, for calendar year taxpayers and month after the close of the fiscal year for		

Form FP-1 (REV. 2004)

STATE OF HAWAII — DEPARTMENT OF TAXATION FRANCHISE TAX OR **PUBLIC SERVICE COMPANY TAX INSTALLMENT PAYMENT VOUCHER**  DO NOT WRITE OR STAPLE IN THIS SPACE

Based on income for calendar year \_\_\_\_\_, or fiscal year commencing \_\_\_\_\_\_, 20 \_\_\_\_

	Check one:	☐ Public Service Company Tax	F	Payment Number \$
	Federal Employer I.D. No.	Hawaii Tax I.D. No.		
		W	Estimated tax liability for the year	\$
TYPE	Name of company		Amount of this installment	\$
OR.	dba (if any)		Amount of any unused overpayment credit to be applied	\$
<b>PRINT</b>	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)▶	\$
	City, State, and ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MOI TO "HAWAII STATE TAX COLLECTOR."	NEY ORDER PAYABLE
Check box if address changed and make corrections above.		Write your Federal Employer I.D. Number on order.	your check or money	

#### **DUE DATES FOR MONTHLY PAYMENTS:**

Payment due on or before September 10, 2005, for calendar year taxpayers and on or before the 10th day of the ninth month after the close of the fiscal year for fiscal year taxpayers.

### **DUE DATES FOR QUARTERLY PAYMENTS:**

Payment due on or before September 20, 2005, for calendar year taxpayers and on or before the 20th day of the ninth month following the close of the fiscal year for fiscal year taxpayers.

See Instructions on the reverse side.

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

If a tax installment is paid with the filing of Form F-1, Franchise Tax Return, or U-6, Public Service Company Tax Return, enter zero on line 4 of this form and a notation "F-1" or "U-6". If a payment of franchise tax is made with an application for an extension of time to file Form F-1 or U-6, enter zero on line 4 of this form and a notation "N-755".

Quarterly Payment Taxpayers.—Use this form to report and pay the franchise tax in four equal installments under section 241-5, HRS, or the public service company tax in four equal installments under section 239-7, HRS.

#### **GENERAL INSTRUCTIONS**

- 1. Please provide the taxable year for which you are preparing this voucher for in the space provided. (i.e., calendar year 2005, or fiscal year commencing on *month* 1, 2005)
- 2. Check, in the appropriate box, what type of taxpayer you are.
- 3. Enter the name, address, federal employer identification number (FEIN), and the Hawaii tax identification number.
- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 2004 Hawaii tax return to your tax for 2005, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
- 6. Subtract line 3 from line 2 and enter the amount of the payment on line 4. Mail it to the Hawaii Department of Taxation even though line 4 is zero.
- 7. Attach to the voucher a check or money order made payable to the "Hawaii State Tax Collector" in payment of the tax. Include your FEIN on the check or money order. Do not send cash through the mail.
- Detach the voucher at the perforation and mail with the required payment to: HAWAII DEPARTMENT OF TAXATION
   P.O. Box 1530
   Honolulu, HI 96806-1530

## **How to Use the Payment Voucher**

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise or public service company taxes respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

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Quarterly Payment Taxpayers.—Use this form to report and pay the franchise tax in four equal installments under section 241-5, HRS, or the public service company tax in four equal installments under section 239-7, HRS.

### **GENERAL INSTRUCTIONS**

- 1. Please provide the taxable year for which you are preparing this voucher for in the space provided. (i.e., calendar year 2005, or fiscal year commencing on *month* 1, 2005)
- 2. Check, in the appropriate box, what type of taxpayer you are.
- 3. Enter the name, address, federal employer identification number (FEIN), and the Hawaii tax identification number.
- 4. Enter on line 1, your total estimated tax liability for the year.
- 5. If you have applied an overpayment of tax on your 2004 Hawaii tax return to your tax for 2005, all or part of the overpayment may be applied to any voucher. Enter on line 3 the amount to be applied to the voucher being used.
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# STATE OF HAWAII — DEPARTMENT OF TAXATION R

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2005	INST	ALLMEN	T PAYMENT	VOUC	HEF
ased on income for ca	lendar vear	. or			

	sed on income for calendar year				
TIS	cal year commencing	, 20			
	Check one:  Franchise Tax	☐ Public Service Company Tax	Pa	ayment Number 12	
	Federal Employer I.D. No.	Hawaii Tax I.D. No.	Estimated tax liability for the year	\$	
TYPE	Name of company		Amount of this installment	\$	
OR 1			Amount of any unused overpayment credit to be applied	\$	
PRINT OR	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$	
	City, State, and ZIP Code		MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number on your check or money		
	Check box if address changed and r	make corrections above.	order.	your oncorrer money	
		DUE DATES FOR MONTHLY PAYM	ENTS:		
Payment due on or before December			r 10, 2005, for calendar year taxpayers welfth month after the close of the fiscal		
		DUE DATES FOR QUARTERLY PA	YMENTS:		
			er 20, 2005, for calendar year taxpayers e twelfth month following the close of the		
		See Instructions o	n the reverse side.	Form FP-1	
(RE	orm FP-1 EV. 2004)	STATE OF HAWAII — DEPARTMEN FRANCHISE TA) PUBLIC SERVICE COM INSTALLMENT PAYMEN	T OF TAXATION OR PANY TAX	STAPLE IN THIS SPACE	
	sed on income for calendar year				
fis	cal year commencing	, 20			
	Check one:	☐ Public Service Company Tax	Pa	ayment Number 11	
	Federal Employer I.D. No.	Hawaii Tax I.D. No.	Estimated tax liability for the year	\$	
TYPE	Name of company		Amount of this installment	\$	
T OR	dba (if any)		Amount of any unused overpayment credit to be applied	\$	
PRINT OR	Address (number and street)		4. Amount of this payment. (Line 2 minus line 3.)	\$	
City, State, and ZIP Code			MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE		

## DUE DATES FOR MONTHLY PAYMENTS:

Check box if address changed and make corrections above.

Payment due on or before November 10, 2005, for calendar year taxpayers and on or before the 10th day of the eleventh month after the close of the fiscal year for fiscal year taxpayers.

order.

TO "HAWAII STATE TAX COLLECTOR."

Write your Federal Employer I.D. Number on your check or money

This form is used to report and pay monthly or quarterly installments of the Franchise Tax imposed by chapter 241, HRS, or the Public Service Company Tax imposed by chapter 239, HRS. Sections 241-5 and 239-7, HRS, provide for the franchise and public service company taxes respectively, to be paid in 12 equal monthly installments when the estimated tax liability for the taxable year exceeds \$100,000. The first installment is to be paid on or before the 10th day of the first month following the close of the calendar or fiscal year and the remaining installments to be paid on or before the 10th day of each calendar month following the first tax installment.

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Quarterly Payment Taxpayers.—Use this form to report and pay the franchise tax in four equal installments under section 241-5, HRS, or the public service company tax in four equal installments under section 239-7, HRS.

#### **GENERAL INSTRUCTIONS**

- 1. Please provide the taxable year for which you are preparing this voucher for in the space provided. (i.e., calendar year 2005, or fiscal year commencing on *month* 1, 2005)
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